



Company & Report Contact Information

Please provide the following information for appropriate account setup

GENERAL INFORMATION

LIMS CODE:

Company Name			
Street Address		State	
Suite / Room		City	
Phone		Postal Code	
Company Email		Country	
Industry Primary		Industry Secondary	

REPORT PRIMARY

Person & Information will appear on the Certificate of Analysis. Any changes to the account will require authorization from the Report Primary. The Report Primary may list a backup under 'Additional Contacts' who can authorize changes and answer questions in regard to account.

LIMS #:

First Name		Last Name	
Title		Email	
Street Address			City & State
Phone		Ext.	Postal Code
Cell Phone			DOB (Month & Day)

Please receive all check marked:

- Certificate of Analysis
 Invoices
 Presumptive / Confirm Email
 Presumptive / Confirm Phone

ADDITIONAL REPORT PRIMARY

Backups who can answer account information in the absence of the primary contact.

LIMS #:

Name		Phone		Ext.	
Email		Cell Phone			

REPORT & OOS DISTRIBUTION

Certificate of Analysis will be sent to all contacts listed. Report Primary automatically receives a report unless indicated otherwise.

LIMS CODE:

Name		Phone		Ext.	
Email		Cell Phone			
Name		Phone		Ext.	
Email		Cell Phone			
Name		Phone		Ext.	
Email		Cell Phone			
Name		Phone		Ext.	
Email		Cell Phone			
Name		Phone		Ext.	
Email		Cell Phone			

\\cl.lims\dfs\viewable\Forms\Client Services\Client Intake\New Client Forms\Client Intake Form - v2.0 - Issued 06-24-19.pdf



Certified Laboratories, Inc.

www.certified-laboratories.com

65 Marcus Drive
 Melville, NY 11747
 800-CERT-LAB
 516-576-1400

6460 Dale Street
 Buena Park, CA 90621
 888-FOOD-LAB
 714-562-8622

3241 Liberty Square Pkwy.
 Turlock, CA 95380
 866-915-LAB3
 209-664-1100

2505 Diehl Road
 Aurora, IL 60502
 855-CLMW-LAB
 630-783-8600



Invoice Contact Information

Please provide the following information for appropriate account setup

INVOICE PRIMARY

Person & Information will appear on Pre-Invoice or Invoice. Any changes to the account will require authorization from the Report Primary. The Invoice Primary may list a backup under 'Additional Contacts' who can authorize Invoice changes and answer questions in regard to account.

LIMS #:

First Name				Last Name			
Title				Email			
Street Address					City & State		
Phone			Ext.			Postal Code	
Cell							

Please receive all check marked:

- Certificate of Analysis Invoices Presumptive / Confirm Email Presumptive / Confirm Phone

ADDITIONAL INVOICE PRIMARY

Backups who can answer account information in the absence of the primary contact.

LIMS #:

Name				Phone			Ext.	
Email				Cell Phone				

INVOICE DISTRIBUTION

Pre-Invoice or Invoice will be sent to all contacts listed. Invoice Primary automatically receives unless indicated otherwise.

LIMS CODE:

First & Last Name	Phone		Email
		Ext.	
		Ext.	



Invoice & Billing Details

Please answer the following questions in regards to Invoice & Billing details. If there are other special requirements or request please let us know.

Is a Purchase Order # required on each Invoice? *If yes, please answer the below:*

- I will submit a PO # with each submission.
 I will provide a Blanket PO # for all invoices: _____

What is your desired billing frequency?

- Project Closure (Default) Weekly Monthly

Note: Your account will initially be on Terms COD until a Credit Application has been submitted, processed and approved. Approval process time and length is based on references provided.

- CCARD Option (A credit card is kept on file and is processed after the project is closed. Enable access to CertLabLINK.)
 CODCC Option (COD with a credit card kept on file and approval to process payment is obtained at each submission.)



Certified Laboratories, Inc.

www.certified-laboratories.com

65 Marcus Drive
Melville, NY 11747
800-CERT-LAB
516-576-1400

6460 Dale Street
Buena Park, CA 90621
888-FOOD-LAB
714-562-8622

3241 Liberty Square Pkwy.
Turlock, CA 95380
866-915-LAB3
209-664-1100

2505 Diehl Road
Aurora, IL 60502
855-CLMW-LAB
630-783-8600